

Topical Medicines Application Record Chart - TMAR

| | | | |
|---|--|---------------------------|--|
| When using this chart, write "See Topical Medicines Application Record Chart (TMAR)" on main MAR chart for resident. DO NOT DOUBLE RECORD – It should be agreed locally as to who completes the TMAR records. | | | |
| Resident Name: | | Date of Birth: | |
| Room No: | | Preparation: | |
| Indication: | | Frequency of application: | |
| Therapy started: | | Review Date: | |
| Chart completed by/date: | | Chart checked by/date: | |
| Instructions for use: | | | |
| Additional Notes: | | | |

Record of application – To be signed on each application of topical medicine

| Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Mark or shade area(s) for application.

